

AC4412(3)ASHFORD

ASHFORD URBAN DISTRICT

ANNUAL REPORT

FOR

1952

ON THE

PUBLIC HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

J. MARSHALL

M.B., Ch.B., D.P.H.

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Medical Officer of Health (Ashford Urban District Council)
Principal Medical Officer (Kent County Council)

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1952

Medical Officer of Health (A.U.D.C.) and Principal
Medical Officer (K.C.C)

MARSHALL, J., M.B., Ch.B., D.P.H.

Chief Sanitary Inspector.

HARLAND, H.J., Cert.R.S.I., M.S.I.A., Certificated
Meat Inspector.

Additional Sanitary Inspector.

HAMMOND, S.F., Cert.S.I.E.J.B., M.S.I.A., Certificated
Meat Inspector.

A S H F O R D U R B A N D I S T R I C T

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND
CHIEF SANITARY INSPECTOR
FOR THE YEAR 1952

To the Chairman and Councillors of the Ashford Urban District.

Mr. Chairman, Ladies and Gentlemen,

It is my privilege to present to you my Annual Report for the year 1952.

When the Public Health Records of the District are examined retrospectively, it is evident that the health of the population has progressively improved, particularly during the last two decennia. We are, however, still far removed from the millenium of medical science.

Most of the Infectious Diseases can now be controlled and successfully treated. The outstanding Infectious Disease which still remains to be subdued is Acute Poliomyelitis (Infantile Paralysis). Fortunately it has shown itself in this District in single sporadic cases, only. It has not been possible, however, to elicit a clue as to the source of infection, excepting in one instance, as described later in the report.

No cases of Diphtheria have occurred in this District since 1948. Since the mass immunisation campaign was launched in 1941, only five cases have occurred, none of whom had been immunised owing to refusal by the parents.

The most common Infectious Diseases today in this District are Measles, German Measles, Whooping Cough, Mumps and Chickenpox. These quickly spread throughout the child community as adequate control is not possible, owing chiefly to the fact that they are most infectious before they are identified. Of these common infections, Whooping Cough is the cause of most deaths in the Country today, amongst children under five years, by reason of its chief complication viz. Broncho-pneumonia. Measles, although not responsible for so many deaths is similarly dangerous due to this complication. German Measles, Mumps and Chickenpox are seldom dangerous. Rarely post-infectious Encephalitis occurs, but most of these patients fully recover.

Sporadic cases of Scarlet Fever occur but control is not difficult and treatment is specific.

The introduction of the Sulphonamides and the Antibiotics has been invaluable for the treatment of the Infectious Diseases and has saved an incalculable number of young lives.

Great headway has also been made in the treatment of Tuberculosis which has been the scourge of Public Health from time immemorial. It is hoped that the research proceeding into the efficacy of B.C.G. vaccination will substantiate the claims made that it induces effective immunity and that it will take its place with immunisation against Diphtheria, as a routine protective measure,

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particularly for infants/Bacilli, and school-children about to leave school. It is also hoped that Mass Radiography which has already detected so many early and infective cases will be extended to as many groups of the population as is possible.

Similarly, great headway has been made in the treatment of Cancer, but the problem constituted by this disease is essentially one of early diagnosis, when treatment can be successful. Owing to the insidious and occult nature of the disease and procrastination by many patients, early diagnosis is often not established until it has reached a stage when treatment has little chance of success. The number of deaths from Cancer is second only to those from Diseases of the Heart and Circulatory System. These latter occur mostly in the aged, but Coronary Thrombosis and Hypertension cause a considerable number of deaths amongst the middle-aged.

One of the outstanding medico-social problems of this era is that of the aged and infirm and chronic sick. The antibiotics and sulphonamides have saved a great number of elderly people from death from pneumonia and other disease as well as those of children as afore-mentioned, and due also to other advances in Medicine and Surgery, a large proportion of elderly people are reaching the state of extreme old age when the processes of mental and physical degeneration cannot be stayed. Many have no relatives to care for them and many have relatives who when an elderly patient is fit for discharge from Hospital refuse to accept any further responsibility for their care. The waiting lists for admission to Chronic Sick and Mental Hospitals and to Old Peoples Homes are already considerable and increasing. More beds and more staff are urgently required for those with no relatives or friends and greater care in the selection of admissions will be imperative to ensure that relatives have no opportunity to abuse their moral responsibilities.

The population of the District has gradually increased from 22,460 in 1939 to 25,270 in 1952, and the number of births from 278 in 1939 to 482 in 1947 which was the peak year for births, since when the number decreased 343 in 1951. For the current year 1952, the number has increased again to 361, and the rate to 14.29 which however is still lower than that for England and Wales viz: 15.3. Since the peak year rate of 1947 i.e. 20.37 the rates for 1948, 1949, 1950, 1951, 1952, have been 15.59, 14.69, 14.8, 13.67, 14.29. Since 1948 therefore the rate is inclined to become stabilised, but the population of the Town is gradually increasing and it is obvious that there will be a corresponding increase in the number of births, with an increasing demand for places in Schools which are already overcrowded, although two new Primary Schools have been opened since the war, and supplementary buildings built at the four Secondary Schools.

The Crude Death Rate per 1,000 Resident Population was 10.58 in 1939. It increased during the war years, reaching the high rate of 18.49 in 1943, due to deaths from enemy bombing, since when it has fluctuated around 13 and 12, until 1952 when it fell to 11.12. The advances of medical science in Medicine and Surgery and the extending

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Specialised Hospital facilities for diagnosis and treatment may lower the death-rate for a number of years, as life is prolonged until it is no longer possible, but at the same time will increase the numbers of bed-ridden old people who require care and attention or nursing.

It is pleasing that the infantile mortality rate per 1,000 live births has again fallen, from 20.41 in the preceding year to 16.34. The actual number of infant deaths was 6, and 4 occurred within the first month of life (vide table). As stated in previous reports, the lowest rate recorded for this District occurred in 1950, viz. 10.99. It is unequivocal that many infant lives are now saved not only by improved treatment but by improving social circumstances. Apart from the attention of the family doctor and the specialised services available, one of the most important factors is the Home Visiting done by the Health Visitors.

It is also gratifying to record that no maternal death from pregnancy, childbirth and abortion has occurred in this District since 1948, a result, which bears witness of the skill and care devoted by all who are engaged in the Midwifery and Maternity Services.

The number of still-births was 7, being 4 less than 1951 and the rate was 19.02. The rate has ranged since 1939 from 33 in 1945 to the lowest recorded rate 16 in 1950, which year incidentally also had the lowest recorded infantile mortality rate. As the chief cause of infant deaths is congenital abnormality or prematurity, so that of stillbirths may be chiefly assigned to the same type of causes, but skilled ante-natal supervision and attendance at Childbirth are pre-requisite to a rate to be comprised of only unavoidable causes.

Reference to other Public Health issues is contained in the report, and in conclusion I wish to thank you for your interest and co-operation in the work of the Department and to thank my staff for their efficient and loyal service.

I am,

Yours obediently,

J. MARSHALL.

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SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE

DISTRICT FOR 1952

AREA: 5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population 25,270

NUMBER OF INHABITED HOUSES ACCORDING
TO THE RATE BOOKS 8,084

RATEABLE VALUE: £167,095

SUM REPRESENTED BY A PENNY RATE: £698

SOCIAL CONDITIONS

Ashford is both an agricultural and an industrial town and a business and shopping centre for the large rural community which surrounds it. It merits importance by containing the largest agricultural market in Kent and by being a railway junction where five lines converge, associated with which is a large Railway Works. There is also a number of other Factories, viz. Cycle Works, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Works, and Ordnance Depot, and Bread Factory.

At present there is little unemployment in this District and in general apart from the shortage of houses, social conditions are fairly satisfactory.

EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>M.</u>	<u>F.</u>		<u>Ashford Urban District</u>	<u>England and Wales</u>
1. Live Births	361	204	157	Birth Rate	14.29	15.3
(a) Legitimate	344	195	149	per 1,000		
(b) Illegitimate	17	9	8	estimated		
				resident		
				population		
2. Stillbirths	7	6	1	Rate per	19.02	-
(a) Legitimate	7	6	1	1,000 total		
(b) Illegitimate	-	-	-	(live and		
				still) births		
3. Deaths	281	147	134	Death rate	11.12	11.3
				per 1,000		
				resident		
				population		
4. Deaths from	-	-	-	Rate per	-	0.72
Pregnancy, Childbirth				1,000 (live		
and Abortion.				and still)		
				births		
5. Deaths of Infants	6	2	4			
under One Year of						
Age.						
(a) Legitimate	4	2	2			
(b) Illegitimate	2	-	2			
Infant mortality rate per 1,000 live births					16.34	27.6
Rate re legitimate infants					11.33	
Rate re illegitimate infants					117.65	
6. Deaths from Cancer (all ages)					48	
Deaths from Measles (all ages)					-	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and						
Diarrhoea (all ages)					1	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT

DURING 1952

ALL CAUSES				Males	Females
				147	134
1.	Tuberculosis, respiratory	...	...	-	-
2.	Tuberculosis, other	...	...	-	-
3.	Syphilitis Disease	...	...	1	-
4.	Diphtheria	...	...	-	-
5.	Whooping Cough	...	...	-	-
6.	Meningococcal Infections	...	...	-	-
7.	Acute Poliomyelitis	...	...	-	-
8.	Measles	...	...	-	-
9.	Other Infective and Paralytic Diseases	...	...	-	-
10.	Malignant neoplasm, stomach	...	...	1	3
11.	Malignant neoplasm, lung, bronchus	...	...	6	1
12.	Malignant neoplasm, breast	...	...	-	3
13.	Malignant neoplasm, uterus	...	...	-	1
14.	Other malignant and lymphatic neoplasms	...	...	16	17
15.	Leukaemia, aleukaemia	...	...	1	1
16.	Diabetes	...	...	-	1
17.	Vascular lesions of nervous system	...	...	18	22
18.	Coronary disease, angina	...	...	21	12
19.	Hypertension with heart disease	...	...	7	6
20.	Other heart disease	...	...	34	34
21.	Other circulatory disease	...	...	5	2
22.	Influenza	...	...	-	2
23.	Pneumonia	...	...	5	4
24.	Bronchitis	...	...	10	7
25.	Other diseases of respiratory system	...	...	3	-
26.	Ulcer of stomach and duodenum	...	...	2	-
27.	Gastritis, enteritis and diarrhoea	...	...	-	1
28.	Nephritis and nephrosis	...	...	3	5
29.	Hyperplasia of prostate	...	...	1	-
30.	Pregnancy, childbirth, abortion	...	...	-	-
31.	Congenital malformations	...	...	1	2
32.	Other defined and ill-defined diseases	...	...	8	8
33.	Motor vehicle accidents	...	...	1	1
34.	All other accidents	...	...	3	-
35.	Suicide	...	...	-	1
36.	Homicide and operations of war	...	...	-	-

SECTION B.GENERAL PROVISION OF HEALTH SERVICES FOR THE
DISTRICT1. Laboratory Facilities

The Central Laboratory in County Hall, is the principal laboratory in the County for the Public Health Services and also for the Hospital and Practitioner Services where none is provided in the local Hospitals. The service is comprehensive and adequately meets the needs of this District.

2. Ambulance Service

Although the County Council is responsible for the administration of this service throughout Kent, the St. John Ambulance Brigade is responsible for the day to day execution of the service in Ashford and District, acting as a Voluntary Agency on behalf of the County Council who reimburse expenditure incurred for the payment of full-time personnel, of whom there are six driver/attendants, and for the maintenance and garaging of vehicles etc. Other drivers and attendants are drawn from a panel of volunteers who deserve appreciation for their devotion and efficiency. There are four modern ambulances and one sitting-case car.

The Service is efficiently conducted and adequate for the demands made upon it.

3. Hospital Car Service.

This service is also administered by the County Council, whose District Officers are responsible for the operation of the Service locally.

There is a sufficient number of volunteer drivers, but there are some areas in which there is no resident car driver/owner, whose services would be appreciated by the District Officer for convenience and economy.

The service is of great value to patients who are unable to travel to and from Hospital or Treatment Centres by public transport but strict surveillance is necessary to prevent abuse.

4. Treatment Centres and Clinics.

All Maternity and Child Welfare, School, and Dental Clinics are administered by the County Council.

The following Clinics are held in Ashford:-

(i) Station Road. This is the Central and chief clinic and is contained in an "ad hoc" building. The outlying clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2.15 p.m.

(ii) Women's Institute Hall, Church Road, North Willesborough

Sessions are held at 2-15 p.m. on alternate Fridays.

(iii) The Adult School Hall, Gladstone Road, South Willesborough

Sessions at 2-15 p.m. on Fridays alternating with the North Willesborough Clinic.

(iv) The Women's Institute Hall, Faversham Road, Kennington.

Sessions are held at 2-15 p.m. on alternate Wednesdays.

(v) The Kingsford Memorial Hall, Kingsnorth Road, Ashford.

Sessions at 2-15 p.m. on Wednesdays alternating with Kennington Clinic.

Ante-natal, Post-natal and Women's Welfare Clinics.

These Clinics are held in the Station Road centre on every Monday afternoon at 2.15 p.m.

(i) The following four clinics of the School Medical Service are held at 14, Canterbury Road, Ashford.

- {a} Dental Clinic
- {b} Ophthalmic Clinic
- {c} Minor Ailment Clinic
- {d} Speech Therapy Clinic

(e) Orthopaedic Clinic

This clinic is held at Ashford Hospital, is administered by the Regional Hospitals Board and appointments are made by the County Public Health Department on behalf of school-children. It is held on the 1st Thursday of each month at 2 p.m.

(ii) Venereal Diseases Clinics.

This clinic is held at Ashford Hospital on Tuesdays and Fridays at 10 - 11 a.m. for Females and from 11 - 12 noon for Males.

(iii) Tuberculosis Clinic

This clinic is held at No. 1, Barrow Hill Place, weekly on Tuesdays from 10 a.m. to 12-30 p.m.

(iv) Hospitals

- {a} Ashford General. Accommodation - approximately 137 beds
- {b} Willesborough General. Accommodation - 147 beds.
- {c} Infectious Diseases. Accommodation 40 beds.
- {d} Grosvenor Sanatorium (Private). Accommodation - 265 beds

5. Private Nursing Homes.

There were two of these on the register at the end of the year. One was a Maternity Nursing Home, registered for 3 patients and the other, a Home chiefly for the aged, infirm and chronic sick, was registered for 9 beds. Both were regularly inspected and were found to be well-conducted, clean and comfortable at each inspection.

6. Home Nursing and Midwifery Services

These are also administered by the County Council. There are six Home-Nurse/Midwives on duty in this District who are engaged in Midwifery, Maternity Nursing and the Home Nursing of the sick. The standard of service given by the Nurses is high and there is excellent co-operation between them and the Practitioners. The greater proportion of patients having nursing care in their homes are in the chronic sick category, and a number of them should properly be in a Chronic Sick Hospital, but the waiting list at present is formidable and is likely to increase.

7. Maternity and Child Welfare Service.

Although this Service is also administered by the County Council, the following observations may be of interest to the District Councillors.

Having five Child Welfare Clinics conveniently situated for the mothers, Ashford is more favourably placed than other neighbouring towns, and the attendances at each are very satisfactory. The facilities of the Clinics are of great value to the mothers and are reflected in the healthy appearance of the babies and toddlers seen in attendance. Home visiting by the Health Visitors is the keystone of the service. There, they have the opportunity to study the natural environs of the child and to give advice concerning unfavourable influences. The work of the Health Visitors goes on unobtrusively through-out the year, but the summation of their efforts may be gauged from the greatly improved health records of the children at the Child Welfare Centres and at the Schools.

The following table gives the causes of death of 6 infants, 4 of which were congenital, and 2 due to illnesses which are very serious in infancy, especially in the first few months. There is little doubt that the infant death rate is gradually becoming lower and that the time will come when these deaths will comprise only those that are unavoidable, such as the congenital abnormalities.

[illegible]

There have been no Maternal Deaths since 1948. This is a very pleasing record and indicates that expectant, parturient, and puerperal mothers are receiving thorough examination and skilled treatment from all who are engaged in the Midwifery Service.

8. The Domestic Help Service.

This Service which is also administered by the County Council, is operating very effectively in this District. Those requiring help chiefly comprise maternity patients, convalescents from Hospitals, the aged and infirm and chronic sick, and others suffering from miscellaneous illnesses. Owing to the high cost of the Service and the stringent need for economy, the number of hours allocated to each patient is limited as much as is practicable in individual circumstances. The service was able to provide domestic help in every case of need throughout the year.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

1. Water Supply

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by the Mid-Kent Water Company.

The Council provides the supply for Central and South Ashford and North and South Willesborough, and the Mid-Kent Water Company for Kennington.

Ashford Urban District Council Undertakings.

This supply is obtained from the following three sources

(i) Westwell

A new gravel-screen Bore-hole 160 feet deep was completed in August, 1948. The other two existing bore-holes were also gravel screened at the same time. A softening plant (Clark's Process) is in operation here. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 galls.) at Potter's Corner, from where it enters the supply network. There is a connection between this reservoir and two stand-by reservoirs (280,000 and 36,000 galls. respectively) at Barrow Hill and a connection with the Mid-kent water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with the Mid-Kent Water Company's supply in the Canterbury Road, at Little Bybrook.

(ii) Henwood

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus is diverted into the reservoir at Potter's Corner.

The above two supply the whole of Central and South Ashford.

(iii) Hinxhill.

This water comes from a bore-hole approximately 200 feet deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and Centrifugal pumps to a covered reservoir at Broomfields (100,000 galls.) from where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

Samples.

By arrangement with the County Laboratory, quarterly bacteriological samples are taken, two from each of the three sources. Also three samples for chemical analysis were taken half-yearly at the three sources.

Examination of Samples taken during the Year.

	<u>Bacteriological</u>		<u>Chemical</u>	
	<u>No.</u>	<u>Results</u>	<u>No.</u>	<u>Results</u>
Raw Water	7	Satisfactory	1	Satisfactory
Treated Water	56	55 Satisfactory 3 Unsatisfactory	17	16 Satisfactory 1 Unsatisfactory

There are 13 houses not connected to the public supply mains and 9 of these are situate in Beaver Lane and 4 in Chart Road. 8,071 houses are connected to the public mains.

The Mid-Kent Water Company(i) Barham

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from where it reaches the Kennington supply network.

(ii) Charing

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill Reservoirs (capacity 1,000,000 and 283,500 gallons respectively. These reservoirs afford a subsidiary or auxiliary supply to Kennington.

Samples

Monthly bacteriological and quarterly chemical samples

are taken. These, during the year were Class 1 waters bacteriologically and were chemically of good organic quality.

2. Drainage and Sewerage.

There was no major development during the year.

Total number of Inhabited Houses (including Flats) is	...	...	...	...	...	8,084
Total number of houses connected to the sewers	...	...	...	...	...	7,866
Number of houses not connected to the sewers	...	...	...	...	...	218

3. Swimming Baths.

The Ashford Urban District Council Bath was in full use during the season. The water is chlorinated by a break-point chlorinator and there is also an electric suction sweeper for cleansing the basin of the bath. The size of the bath is 100 x 25 yards, and its capacity 600,000 gallons. Regular samples of the water were sent for bacteriological examination, and all were satisfactory. (B.Coli presumptive, absent in 100 c.c.s.).

4. Eradication of Vermin.

The number of houses found to be infested with vermin was as follows:-

	<u>Bugs</u>	<u>Fleas</u>
Council houses	3	10
Other houses	6	19

All these premises were disinfested by means of 5% D.D.T. in Kerosene in spray form. This form of disinfestation proved very efficacious, as none of these houses needed a second treatment. The number of houses found to be infested with bugs has steadily decreased since the war, co-incidental with the use of D.D.T.

Other forms of infestations occasionally dealt with included beetles, ants, earwigs and wasps.

5. Rats and Mice Destruction.

A free rodent destruction service has been built up and this is available to occupiers of dwelling-houses. A charge is made in the case of business premises. Routine measures to destroy rats in the area include the regular baiting of sewers which receive six-monthly treatments and more frequently in the town area where the sewers are more favourable to the spread of rat infestation. The Council's refuse dump at Chilmington is regularly treated by the methods of gassing and poison-baiting.

The number of infestations treated during the year was 163 (rats) and 79 (mice).

Sanitary Inspection of the District

Details of Inspection work carried out:-

	<u>No. of Visits and re-visits.</u>
Bakehouses	59
Dairies	36
Slaughterhouses	441
Offensive Trades	4
Factories with Mechanical Power)	
Factories without Mechanical Power) ...	205
Workplaces	11
Butchers' Shops	63
Fish Frying Premises	24
Other Food Shops	183
Food Preparing Premises	151
Ice Cream Vendors and Manufacturers ...	136
Rat and Mice Destruction	807
Other Vermin	41
Housing Repairs	1,550
Housing - overcrowding	76
Tents, Vans and Sheds	24
Offensive Accumulations	28
Keeping of Animals... ..	27
Dustbins	10
Drainage Repairs	129
Drainage cleansing	71
Sanitary Accommodation	104
Shops Act	275
Water Samples	49
Milk Samples	63
Ice Cream Samples	59
Infectious Diseases	35
Smoke Abatement	31
Water Supply	34
Miscellaneous	570
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	5,296

Work Completed.

Wash-hand Basins	2
Brickwork Repaired	29
Houses at which drains were repaired...	8
Choked drains cleared	9
Inspection Chambers built, new covers provided	2
Water supply pipes repaired or renewed	25
Sinks renewed	3
W.C. pans fixed	12
W.C. seats renewed	8
W.C.'s repaired and rebuilt	6
New flushing cisterns provided... ..	18
Flushing cisterns repaired	29
External rendering	4
External painting	5
Fireplaces	5
Roofs repaired	62
Eaves, Gutters and Fall Pipes repaired or renewed	61
Chimney pots replaced	1
Chimney stacks repaired	10
Cesspools repaired	3
Stoves repaired or renewed	25

Work Completed (Contd.)

Rooms redecorated	...	...	...	...	1
Window frames repaired or renewed	...	...	...	...	21
Window-sills repaired	...	...	...	...	12
Wall and ceiling plaster repaired	...	...	...	...	53
Sashcords repaired or renewed	...	...	...	...	39
Dampness in walls remedied	...	...	...	...	51
Dampness in floors	...	...	...	...	13
Wash coppers repaired, supplied or renewed	...	...	...	...	6
Doors repaired or renewed	...	...	...	...	8
Floors repaired	...	...	...	...	16
Staircases repaired	...	...	...	...	3
Sub-floor ventilation	...	...	...	...	6
Miscellaneous	...	...	...	...	20

FACTORIES ACT, 1937

1. Inspections for purposes of provision as to health
(including inspection made by Sanitary Inspectors).

Premises (1)	Number on Reg- ister (2)	Inspec- tions (3)	Number of Written Notices (4)	Occupier Prosecut (5)
i) Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities	45	62	1	-
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	138	143	5	-
iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Out-workers premises)	11	11	-	-
Total	194	216	6	-

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
of cleanliness (S.1) ...	8	8	-	2	-
crowding (S.2) ...	1	1	-	-	-
reasonable Temperature (S.3)	-	-	-	-	-
adequate Ventilation (S.4)	-	-	-	-	-
effective drainage of floors (S.6) ...	-	-	-	-	-
Convenience					
a) insufficient ...	2	1	-	1	-
b) unsuitable or defective	4	4	-	-	-
c) not separate for sexes	-	-	-	-	-
offences against the Act not including offences relating to outwork) ...	7	7	1	-	-
Total	22	21	1	3	-

SECTION D.Housing

The number of dwellings completed during the year was as follows:-

	1952	1946 - 1952 (Inclusive)
(i) Prefabricated temporary bungalows	-	144
(ii) New permanent houses:-		
<u>Woolreeds Estate.</u>		
(a) 2 bedroom type	9	9
(b) 3 " "	11	364
(c) 4 " "	-	21
<u>Musgrove Estate</u>		
(a) 2 bedroom houses	24	40
(b) 3 " "	58	73
(c) 4 " "	-	3
(d) Gregory flats	16	16
<u>Osborne Road Estate</u>		
(a) 2 bedroom houses	-	28
(b) 3 " "	-	175
(c) 4 " "	-	4
<u>Repton Estate</u>		
(a) 2 bedroom houses	-	4
(iii) <u>Flats</u>		
<u>Woolreeds Estate</u>		
(a) Bed-sitting room flats	-	6
(b) 2 bedroom type	-	6

<u>Flats (Contd.)</u>	<u>1952</u>	<u>1946 - 1952</u> <u>(Inclusive)</u>
<u>Musgrove Estate</u>		
(a) Bed-sitting room flats	14	20
(b) 2 Bedroom Easiform flats	14	16
<u>Godfrey Walk</u>		
(a) Bed-sitting room type	13	13
(b) 1 bedroom type	27	27
(c) 2 " "	28	28
Waterside House and East Stour Farm	-	13
(iv) <u>Hutment Units</u>		
Stanhope Camp	-	30
Total number of dwellings provided by the Council	214	1,039
(v) Number provided by private enterprise	27	107

At the time of writing (July 1953), the following is an approximate estimate of the number and sizes of the families on the waiting list.

(1) No children	284
(2) One child	144
(3) Two children	104
(4) Three children	34
(5) Four children	13
(6) Five or more children	8
(7) Single persons	34
	<hr/> 621
(8) House-holders and others not eligible at present	131
	<hr/> 752
Total	<hr/> <hr/> 752

Although the number of dwellings provided by the Council since 1946 has exceeded a thousand, there is still a considerable waiting list of applicants, which is being only gradually reduced. It would appear that the demand will exceed the supply for many years to come, taking into consideration also the clearance of derelict property and the re-housing of their occupants.

SECTION E.

Inspection and Supervision of Food

Milk Supplies.

There are in the Urban District 7 Producers of milk of whom 3 are Producer Retailers. Of the Producers 4 produce Tuberculin Tested Milk, 2 Accredited and 1 Undesignated milk. There are 12 registered distributors of milk.

Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Regulations 1949 are maintained. Samples of milk are taken regularly from dairies and with one exception all were satisfactory. Periodic

samples of milk are taken for examination for the presence of Tubercle Bacilli and during the year 24 such samples all gave negative results with one exception. In this case, all milk from the farm concerned was Pasteurised until a satisfactory sample was obtained, and all the cows were immediately examined by a Veterinary Surgeon.

In addition samples are taken regularly under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situated in the District.

During the year, the following samples were taken for bacteriological examination:-

		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	...	4	1
Undesignated	...	18	-
Pasteurised	...	8	-

Ice Cream.

A very large quantity of ice-cream is consumed by the Public not only during the Summer months but also throughout the Winter months. A high standard of hygiene in manufacture, storage and sale is therefore constantly essential to maintain bacteriological purity. Regular inspection of premises is necessary to ensure the observance of scrupulous cleanliness with particular regard to the method by which it is served to the customer. Hand washing facilities must be provided with both hot and cold water and soap and clean towels readily available.

53 shops sell pre-wrapped ice-cream only, and 10 shops and cafes sell unwrapped in addition to wrapped ice-cream. 37 samples were taken during the year of which 32 were classified Grade 1, 3 - Grade II, 2 - Grade III, 0 - Grade IV by the County Laboratory (Methylene Blue Test), and no disease producing organisms were found. Where samples were not of Grade 1 standard investigations were made at both the retailers and manufacturers premises.

There is only one manufacturer and the firm must comply with the Ice Cream (Heat Treatment etc.) Regulations, 1947 - 1951. All persons manufacturing, storing or selling ice-cream must register their premises with the Local Authority, (Food and Drugs Act, 1948), excepting Clubs, Hotels, Restaurants, Theatres and Cinemas.

Meat and Other FoodsUnsound Food (Food and Drugs Act, 1938)Unsound Food Surrendered

	lbs.		lbs.
Chicken	3 $\frac{1}{2}$	Table Jellies	2
Ham	783 $\frac{1}{4}$	Fish Cakes	5 $\frac{1}{4}$
Brawn	5	Prunes	$\frac{1}{2}$
Tongue	5 $\frac{3}{4}$	Cake	7
Veal Loaf	64 $\frac{1}{2}$	Sausages	17 $\frac{3}{4}$
Bacon	12 $\frac{1}{2}$	Tinned Milk	150 $\frac{1}{2}$
Stewed Steak	64 $\frac{1}{2}$	Vegetables	309 $\frac{1}{2}$
Luncheon Meat	91 $\frac{1}{2}$	Soup	55 $\frac{1}{4}$
Fish	110	Fruit	1,231 $\frac{1}{2}$
Cheese	41 $\frac{3}{4}$	Puddings	7
Flour	4	Tomatoes	119
Tea and Coffee	38	Pickles and Sauces	10
Fruit Juices	8 $\frac{3}{4}$	Paste	$\frac{1}{2}$
Jam	20	Biscuits	$\frac{1}{2}$
Marmalade	23	Cereals	12
Spaghetti	4	Ration Frozen Meat	1,352
Rabbit	2	Macaroni	3
Fat	$\frac{1}{2}$		
Corned Beef	12 $\frac{1}{4}$		
Strained Food	1 $\frac{1}{2}$		
Dried Fruit	105 $\frac{1}{2}$		
Mincemeat	3 $\frac{1}{4}$		
Meat and Vegetables	1 $\frac{1}{4}$		

Total weight condemned : 2 tons 1cwts. 3Qtrs. 8 $\frac{3}{4}$ lbs

Twenty-seven registered food-preparing premises, and shops, stalls and vehicles, etc., where food is sold were frequently inspected for unsound food.

Six cases of food poisoning were notified during the year.

Meat Inspection.Carcases Inspected and Condemned.

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
Number killed	629	213	375	2373	716
Number inspected	629	213	375	2373	716
<u>All diseases except Tuberculosis</u>					
Whole carcasses condemned	3	2	36	30	14
Carcasses of which some part or organ was condemned ...	151	101	3	219	209
Percentage of the number inspected affected with disease other than tuberculosis. ...	24.5	48.4	10.4	10.5	31.1
<u>Tuberculosis only</u>					
Whole carcasses condemned	2	4	2	-	1
Carcasses of which some part or organ was condemned ...	42	34	-	-	47
Percentage of the number inspected affected with tuberculosis ...	7.0	17.8	0.6	-	6.7

During the year a special routine examination of cattle was continued for the detection of cysticercus bovis (more commonly known as "Measles" in beef). A number of carcasses were subsequently found to have one or two C.bovis and the carcasses concerned, in appropriate cases, were detained for a period of cold storage which effectively kills any parasites and renders the meat safe. No instances of a generalised condition were found.

Prevalence and Control over Infectious Disease

1. Acute Poliomyelitis (Infantile Paralysis)

One case of this disease was notified during the year, and was of interest in that all the circumstances indicated that she was infected by her sister. Although not resident in the same house, the sisters visited each other for a few hours every day. The younger sister, aged 16 years, (Case 1) complained of "pricking pains" in her back on the afternoon of the 5th October, 1952, but went to school on the 6th and played in a hockey match. In the evening she complained of weakness in her legs, but again cycled to school on the 7th. On return from school, she complained that the cycle ride had taken her $1\frac{1}{2}$ hours over a distance of approximately three miles. On the morning of the 8th, she complained of loss of power in her left leg and accompanied by her sister (Case 2) went by bus to her Doctor's surgery and returned by bus. On the 10th October she was removed to the Infectious Diseases Hospital. The elder sister (Case 2) became ill on the 25th October, complaining of headache and stiffness of the neck. She was removed to Hospital on the 27th, suffering from paralysis of both arms and early paralysis of the intercostal muscles: prolonged treatment in a mechanical respirator was necessary.

The cases were interesting in that:-

(1) Case 1 in all probability directly infected her sister, the opportunity for infection being afforded for a few hours each day.

(2) No other cases occurred, although Case 1 continued at School and mixed with the Public at other times during the invasive period and during the first few days of her illness when it is likely that infection is most concentrated.

(3) The incubation period was, at a minimum, 15 days, and at a maximum may have been 21 days or more.

(4) Assuming that both were infected by the same strain of virus, this was solely spinal in Case 1 and bulbar as well as spinal in Case 2.

Scarlet Fever.

Twenty-six cases of this disease were notified during the year and fourteen admitted to Hospital. The other twelve cases were very mild and were isolated and treated at home. Four cases occurred at a Secondary School in a class of boys who were infected by a healthy carrier of the Haemolytic Streptococcus Type A. This boy was the brother of an acute case of the disease who had not been notified by the Practitioner concerned, and no preventive measures had been taken. Three cases in one family were also caused by a healthy carrier of the same family. Generally speaking the disease has been mild during the past few decennia, but occasionally a virulent strain of the organism causes severe classical Scarlet Fever, the chief complication usually being Otitic Media. It is often extremely difficult

to distinguish mild cases of Scarlet Fever from mild cases of German Measles. The only practicable measure in these cases is to take two or three successive swabs of nose and throat for the Haemolytic Streptococcus.

Whooping Cough

There was no epidemic of this disease during the year. Thirteen cases only were notified and it was necessary to admit to the Infectious Diseases Hospital three of them who suffered from the complication broncho-pneumonia. There were no deaths. Of all the infectious diseases, Whooping Cough causes the greatest number of deaths amongst children under five years of age throughout the Country, and it is extremely dangerous in infancy when broncho-pneumonia can develop very quickly and become advanced within a few hours.

It is hoped that the claims made that the new vaccines are successful in inducing effective immunity, will be substantiated, as indeed they appear to have been in part, by the research at present being carried through. It would appear that in immunisation lies the only potential weapon for the prevention of this distressing and often dangerous disease.

Measles

364 cases were notified during the year. 492 and 311 cases were notified in the two preceding years, so that the epidemics have been perennial rather than biennial as would be expected. No cases were removed to Hospital and there were no deaths. Since 1940 when Measles became statutorily notifiable, the epidemics were more than less biennial, and the highest number notified was 621 in 1945. Although the highest number notified since 1948 when the National Health Service came into being was 492 in 1951 it is most likely that Practitioners are being called more frequently and that in consequence more cases are being notified.

The chief complication is, as in Whooping Cough, broncho-pneumonia. This can be very quickly fatal in infants and as little time as possible should be wasted between its onset and treatment.

It should be remembered that the disease can be prevented within five days of exposure by Gamma globulin (0.1 - 0.2 ml. per pound of body-weight) or attenuated, if given within the next few days. The Gamma globulin is available from the County Laboratory and there are situations when it is desirable to use it, as for example when a case occurs in a Children's Ward or other closed community of ill children, or in the family when a susceptible child is suffering from other serious illness.

Erysipelas

Three cases were notified. This acute inflammatory disease of the skin which is caused by the streptococcus pyogenes, the causal organism of Scarlet Fever, was serious before the introduction of the Sulphonamides and Antibiotics, but now fatal cases must be extremely rare.

Food Poisoning

There were five cases of this illness within one family. The causal organism was Salmonella typhi-murium but the source

of infection was not determined: samples of food and milk sent for bacteriological examination were negative. The illness in each case was not severe and each was treated at home. There was only one other case in the District; scattered sporadic single cases occur from time to time, to warn that vigilance is essential.

Notifiable Diseases During the Year, 1952.

<u>Disease</u>	<u>Total Cases Notified</u>	<u>Cases admit- ted to Isol- ation Hosp.</u>	<u>Total Deaths</u>
Scarlet Fever ...	26	14	-
Whooping Cough ...	13	3	-
Erysipelas ...	3	2	-
Measles ...	364	-	-
Acute Primary or Influenzal Pneumonia	11	-	-
Acute Poliomyelitis...	1	1	-
Puerperal Pyrexia ...	1	-	-
Food Poisoning ...	6	-	-

Analysis Under Age Groups

<u>Disease</u>	<u>Under 1 Year</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5- 9</u>	<u>10- 14</u>	<u>15- 19</u>	<u>20- 34</u>	<u>35- 44</u>	<u>45- 64</u>	<u>65 and over</u>	<u>Un- known</u>
Scarlet Fever	-	-	3	5	3	10	3	2	-	-	-	-	-
Whooping Cough	2	1	2	3	2	2	-	-	-	-	1	-	-
Measles	7	19	38	43	44	185	19	7	-	-	1	-	1
Acute Primary or Influenzal Pneumonia	-	-	-	-	-	2	-	-	-	3	4	2	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	1	-	-	-	-
Food Poisoning	-	-	1	-	-	-	1	2	-	1	1	-	-
Erysipelas	-	-	-	-	-	1	-	-	-	2	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	1	-	-	-	-

Immunisation against Diphtheria, 1952

The following is a return of the number of children resident in the Urban District of Ashford under the age of 15 years on 31st December, 1952, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1938).

Year of Birth	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total
	246	229	212	208	276	275	400	439	394	384	317	234	322	263	21	4223

Immunisation against Diphtheria and Vaccination against Smallpox, 1952.

Diphtheria Immunisation

Year of Birth	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	Total
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Primary Inoculations	21	235	21	2	5	10	12	3	3	5	-	3	-	-	-	320
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Re-inforcing Inoculations	-	-	-	-	3	214	93	3	17	16	3	75	-	-	2	426
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Vaccination

Primary Vaccination	135	86	2	-	1	-	2	-	-	-	-	-	-	-	-	237
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Re-Vaccination	-	-	-	1	2	4	-	3	1	-	3	2	1	2	2	78
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Public Health (Prevention of Tuberculosis)
Regulations, 1925 and Public Health Act, 1936
(Section 172).

No action was necessary during the year in accordance with the above powers.

Tuberculosis

New Cases and Mortality 1952

Age Periods			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	-	-	-	-	-	-	-	-
1	...	...	-	1	-	-	-	-	-	-
5	...	...	-	1	-	-	-	-	-	-
15	...	...	-	3	-	-	-	-	-	-
25	...	...	2	1	-	-	-	-	-	-
35	...	...	1	1	-	-	-	-	-	-
45	...	...	2	-	-	2	-	-	-	-
55	...	...	-	-	-	-	1	-	-	-
65 and upwards			-	-	-	1	-	-	-	-
Totals			5	7	-	3	1	-	-	-

It will be seen from the above table that there were 12 new cases of respiratory and 3 new cases of non-respiratory tuberculosis. Although there were 5 more cases of respiratory tuberculosis than in the previous year, the rate of new cases has been gradually lessening over the past decennia, as should be expected when the various weapons of attack now massed against the disease are considered. For example, overcrowding is being gradually relieved, despite the stop placed by the two great wars. There is less poverty and malnutrition. There are improved facilities for ascertainment, including the use of Mass Radiography, with the effect that the Public are exposed to a lessening number of infectious cases. The bottle-neck caused by the insufficiency of Sanatorium and Hospital beds and staff, though still serious, is being slowly relieved. Medical science has added effective new weapons to the armament of treatment, which allied to the skill of surgery have saved many formerly hopeless cases. It is to be hoped that B.C.G. immunisation will prove to be as effective as Diphtheria immunisation and that it will be as widespread in use in the near future. More tuberculin-tested herds are being created, and when all milk is pasteurised, the scourge of bovine tuberculosis, which each year causes so much unnecessary suffering crippling and death, should be eradicated.

MASS RADIOGRAPHY

Survey Carried Out At Ashford North County Secondary School during May, 1952.

School	No. of Volunteers		Large Film Recalls			Negative	Active Tuberculosis	Inactive Tuberculosis	Results		Referred to Doctor only	Referred to Chest Clinic through own Dr.	Under Observation Not Classified
	Male	Female	Total	Male	Female				Total	Cardiac Abnormality			
Ashford Grammar	120	171	291	1	2	3	-	1	-	1	-	-	-
Ashford North	205	167	372	1	1	2	-	1	-	-	-	-	-
Homewood C.S.S.	92	83	175	-	-	-	-	-	-	-	-	-	-
Ashford South	139	107	246	2	2	4	1	3	-	-	3	-	-
Wye College	62	22	84	2	1	3	-	1	-	-	1	-	-
Southlands C.S.S.	69	47	116	-	-	-	-	1	-	-	-	-	-
Ashford High	5	281	286	-	2	2	-	1	-	1	-	-	-
Hothfield C.P.S.	1	1	2	-	-	-	-	-	-	-	-	-	-
Willesborough C.P.S.	1	10	11	-	-	-	-	1	-	-	-	-	-
Woodchurch	-	1	1	-	-	-	-	-	-	-	-	-	-
Ashford C/E	-	5	5	-	-	-	-	-	-	-	-	-	-
Charing C/E	-	2	2	-	-	-	-	-	-	-	-	-	-
St. Theresa's R/C	-	2	2	-	-	-	-	-	-	-	-	-	-
High Halden C.P.S.	-	3	3	-	-	-	-	-	-	-	-	-	-
Warehorne C.P.S.	-	2	2	-	-	-	-	-	-	-	-	-	-
Smarden C.P.S.	-	3	3	-	-	-	-	-	-	-	-	-	-
Westwell C.P.S.	-	1	1	-	-	-	-	-	-	-	-	-	-
Aldington C.P.S.	-	2	2	-	-	-	-	-	-	-	-	-	-
Ashford Tech.	-	108	108	-	1	1	-	-	-	-	-	-	-

